DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: SYLVAN CROSSINGS ON EVERGREEN (0008655)

Address: 1605 EVERGREEN ROAD, WAUSAU, WI 54403

License Status: REGULAR

Licensed/Certified/Registered 01/01/2000

Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey History

Survey ID: 0095062 End Date: 05/18/2005 Type: STANDARD Purpose: SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Enforcement History

Date: 06/23/2003 SOD #10005184 Appealed: Yes Decision: STIPULATION

Sanctions

OTHER SANCTION

FORFEITURE---SOD #10005184

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